

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10 667 281**  
APPLICANT(S)

FILING DATE **09-17-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						